

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 595310

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8	1		1			
9	1		1			
10		3		1		
11	1		1			
12	1		1			
13	1		1			
14		6		1		
15		6		1		
16		6		1		
17		6		1		
18		6		1		
19		6		1		
20		6		1		
21		8		1		
22		8		1		
23		8		1		
24		8		1		
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50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	91	←	18	←		←
TOTAL CLAIMS	99		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						